

Todd S. Johnson, DDS
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Aberdeen, WA 98520
(360)533-7120

CANCELLATION AND "NO SHOW" POLICY

Your appointment time is reserved especially for you. As a courtesy to our health care team and to our other patients, should you find that you are unable to keep your appointment, please notify our office at least 24 hours in advance. This will allow us to offer your appointment slot to another patient.

* If you fail to show up for your appointment, a \$50.00 fee will be charged to your account. The same applies to appointments cancelled with less than 24 hours notice.

This fee is not covered by insurance and must be paid in full prior to rescheduling the missed appointment.

* We understand that extenuating circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived subject to office approval.

* Patients who schedule and fail to keep three (3) appointments in the span of one year may be dismissed from the practice for treatment noncompliance.

Please direct any questions regarding this policy to Lori or Angela at (360)533-7120.

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Please sign that you have read and understand the Cancellation and No Show Policy.

Patient Name _____ Date of Birth _____

Patient Signature _____ Today's Date _____
(or patient representative if under age 18)